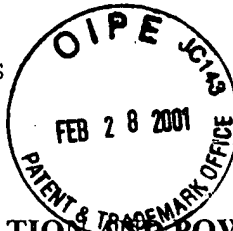


Express Mail Label No.: EK611903303US
Date of Deposit: February 28, 2001



Attorney Docket No. 18989-006

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor which is claimed and for which a utility patent is sought on the invention entitled:

Methods of Treating Vascular Disease Associated With Cystatin C Deficiency

the specification of which was filed on October 26, 2000, as United States non-provisional application U.S.S.N. 09/697,613, bearing Attorney Docket No. 18989-006.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application No. <i>(U.S.S.N.)</i>	Filing Date <i>(dd/mm/yy)</i>	Status <i>(Patented, Pending, Abandoned)</i>
60/162,313	10/28/99	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney or Agent	Registration No.	Attorney or Agent	Registration No.
Kevin Ainsworth	39,586	Kristin E. Konzak	44,848
Ingrid Beattie	42,306	Cynthia Kozakiewicz	42,764
Naomi Biswas	38,384	Barry Marenberg	40,715
David F. Crosby	36,400	William Marino	44,219
James G. Cullem	43,569	A. Jason Mirabito	28,161
Brett N. Dorny	35,860	Michel Morency	Limited Recognition
Marianne Downing	42,870	Bradley Olson	40,750
Ivor R. Elrifi	39,529	Carol H. Peters	45,010
Heidi A. Erlacher	45,409	Michael Renaud	44,299
Christina Gadiano	37,628	Brian Rosenbloom	41,276
John A. Harre	37,345	Thomas M. Sullivan	39,392
Shane Hunter	41,858	Howard Susser	33,556
David E. Johnson	41,874	Shelby J. Walker	45,192
Kris Kalidindi	41,461	Martin M. Zoltick	35,745
Christina Karnakis	45,899		
Robert Klauzinski	42,742		

Address all telephone calls to Ivor R. Elrifi at telephone number 617/348-1747.

Address all correspondence to:

Ivor R. Elrifi, Ph.D.
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
One Financial Center
Boston, Massachusetts 02111

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

Inventor's Signature

Date

Full Name of Inventor: Harold A. Chapman

Citizenship: United States

Residence:

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0111/Room L1312, Medicine Center, San Francisco, CA 94143

Inventor's Signature

Date

Full Name of Inventor: Guo-Ping Shi

Citizenship:

Residence:

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0911/Room 203, Medicine Center, San Francisco, CA 94143

Inventor's Signature

Date

Full Name of Inventor: Peter Libby

Citizenship: United States

Residence: 111 Perkins Street, Boston, MA 02130

Post Office Address: SAME

Inventor's Signature

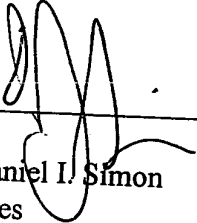
Date

Full Name of Inventor: Galina K. Sukhova

Citizenship: United States

Residence: 6 Dead Eye Run, Swampscott, MA 01907

Post Office Address: SAME



Inventor's Signature

Full Name of Inventor: Daniel I. Simon

Citizenship: United States

Residence: 211 Dorset Road, Waban, MA 02168

Post Office Address: SAME

1-26-01

Date

TRADOCS:1392134.1(T%6#01!.DOC)

Express Mail Label No.: EK611907303US

Date of Deposit: February 28, 2001



Attorney Docket No. 18989-006
(BWH-6)

16
3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Chapman *et al.*

FOR: METHODS OF TREATING VASCULAR DISEASE
ASSOCIATED WITH CYSTAIN C DEFICIENCY

Boston, Massachusetts

Box Missing Parts

Assistant Commissioner for Patents
Washington, D.C. 20231

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR §§ 1.9(f) and 1.27(d) – NONPROFIT ORGANIZATION)**

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Nonprofit Organization: THE BRIGHAM AND WOMEN'S HOSPITAL, INC.
Address of Nonprofit Organization: 75 Francis Street
Boston, Massachusetts 02115

TYPE OF NONPROFIT ORGANIZATION:

Tax Exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3)).

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization, as defined in 37 C.F.R. § 1.9(e), for purposes of paying reduced fees to the United States Patent and Trademark Office under Sections 41(a) and (b) of Title 35, United States Code, with regard to the invention described in the application identified above.

I hereby state that rights under contract or law have been conveyed to, and remain with, the nonprofit organization, with regard to the above identified invention.

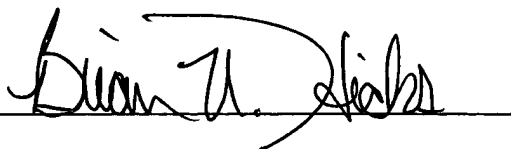
APPLICANTS

Chapman *et al.*

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b)).

Name of person signing: Brian N. Hicks
Title in organization of person signing: Director, Corporate Sponsored Research and Licensing
Address of person signing: THE BRIGHAM AND WOMEN'S HOSPITAL, INC.
75 Francis Street
Boston, Massachusetts 02115

Signature: _____



Date: _____

1/29/01

TRADOCS:1419167.1(%F1B01!.DOC)

FEB. 27. 2001 9:45AM

Express Mail Label No.: EK611903308US

Date of Deposit: February 28, 2001



NO. 6462 P. 2

Attorney Docket No. 18989-006

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor which is claimed and for which a utility patent is sought on the invention entitled:

Methods of Treating Vascular Disease Associated With Cystatin C Deficiency

the specification of which was filed on October 26, 2000, as United States non-provisional application U.S.S.N. 09/697,613, bearing Attorney Docket No. 18989-006.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application No. (U.S.S.N.)	Filing Date (dd/mm/yy)	Status (Patented, Pending, Abandoned)
60/162,313	10/28/99	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney or Agent	Registration No.	Attorney or Agent	Registration No.
Kevin Ainsworth	39,586	Kristin E. Konzak	44,848
Ingrid Beattie	42,306	Cynthia Kozakiewicz	42,764
Naomi Biswas	38,384	Barry Marenberg	40,715
David F. Crosby	36,400	William Marino	44,219
James G. Cullem	43,569	A. Jason Mirabito	28,161
Brett N. Dorny	35,860	Michel Morency	Limited Recognition
Marianne Downing	42,870	Bradley Olson	40,750
Ivor R. Elrifi	39,529	Carol H. Peters	45,010
Heidi A. Erlacher	45,409	Michael Renaud	44,299
Christina Gadiano	37,628	Brian Rosenbloom	41,276
John A. Harre	37,345	Thomas M. Sullivan	39,392
Shane Hunter	41,858	Howard Susser	33,556
David E. Johnson	41,874	Shelby J. Walker	45,192
Kris Kalidindi	41,461	Martin M. Zoltick	35,745
Christina Karnakis	45,899		
Robert Klauzinski	42,742		

Address all telephone calls to Ivor R. Elrifi at telephone number 617/348-1747.
Address all correspondence to:

Ivor R. Elrifi, Ph.D.
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
One Financial Center
Boston, Massachusetts 02111

Inventor's Signature [Signature]

Date _____

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0111/Room L1312, Medicine Center, San Francisco, CA 94143

Inventor's Signature _____

Date _____

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box 0911/Room 203, Medicine Center, San Francisco, CA 94143

Inventor's Signature _____

Date _____

Post Office Address: SAME

Inventor's Signature _____

Date _____

Post Office Address: SAME

FEB. 27. 2001 9:46AM

NO. 6462 P. 5

Inventor's Signature

Full Name of Inventor: Daniel I. Simon

Citizenship: United States

Residence: 211 Dorset Road, Waban, MA 02168

Post Office Address: SAME

Date

TRADOCS:1392134.1(T%6#01).DOC

Express Mail Label No.: EK611903303US

Date of Deposit: February 28, 2001



Attorney Docket No. 18989-006

+
3

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor which is claimed and for which a utility patent is sought on the invention entitled:

Methods of Treating Vascular Disease Associated With Cystatin C Deficiency

the specification of which was filed on October 26, 2000, as United States non-provisional application U.S.S.N. 09/697,613, bearing Attorney Docket No. 18989-006.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application No. <i>(U.S.S.N.)</i>	Filing Date <i>(dd/mm/yy)</i>	Status <i>(Patented, Pending, Abandoned)</i>
60/162,313	10/28/99	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney or Agent	Registration No.	Attorney or Agent	Registration No.
Kevin Ainsworth	39,586	Kristin E. Konzak	44,848
Ingrid Beattie	42,306	Cynthia Kozakiewicz	42,764
Naomi Biswas	38,384	Barry Marenberg	40,715
David F. Crosby	36,400	William Marino	44,219
James G. Cullem	43,569	A. Jason Mirabito	28,161
Brett N. Dorny	35,860	Michel Morency	Limited Recognition
Marianne Downing	42,870	Bradley Olson	40,750
Ivor R. Elrifi	39,529	Carol H. Peters	45,010
Heidi A. Erlacher	45,409	Michael Renaud	44,299
Christina Gadiano	37,628	Brian Rosenbloom	41,276
John A. Harre	37,345	Thomas M. Sullivan	39,392
Shane Hunter	41,858	Howard Susser	33,556
David E. Johnson	41,874	Shelby J. Walker	45,192
Kris Kalidindi	41,461	Martin M. Zoltick	35,745
Christina Karnakis	45,899		
Robert Klauzinski	42,742		

Address all telephone calls to Ivor R. Elrifi at telephone number 617/348-1747.

Address all correspondence to:

Ivor R. Elrifi, Ph.D.
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
One Financial Center
Boston, Massachusetts 02111

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

Inventor's Signature

Date

Full Name of Inventor: Harold A. Chapman

Citizenship: United States

Residence:

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0111/Room L1312, Medicine Center, San Francisco, CA 94143

Inventor's Signature

Date

Full Name of Inventor: Guo-Ping Shi

Citizenship:

Residence:

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0911/Room 203, Medicine Center, San Francisco, CA 94143

Inventor's Signature

Date

Full Name of Inventor: Peter Libby

Citizenship: United States

Residence: 111 Perkins Street, Boston, MA 02130

Post Office Address: SAME

Galina Sukhova

02/02/01

Inventor's Signature

Date

Full Name of Inventor: Galina K. Sukhova

Citizenship: United States

Residence: 6 Dead Eye Run, Swampscott, MA 01907

Post Office Address: SAME

Inventor's Signature

Date

Full Name of Inventor: Daniel I. Simon

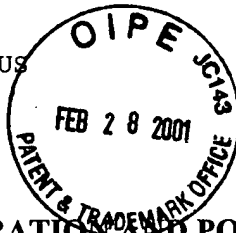
Citizenship: United States

Residence: 211 Dorset Road, Waban, MA 02168

Post Office Address: SAME

TRADOCS:1392134.1(T%6#01!.DOC)

Express Mail Label No.: E011903303US
Date of Deposit: February 28, 2001



Attorney Docket No. 18989-006

3

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor which is claimed and for which a utility patent is sought on the invention entitled:

Methods of Treating Vascular Disease Associated With Cystatin C Deficiency

the specification of which was filed on October 26, 2000, as United States non-provisional application U.S.S.N. 09/697,613, bearing Attorney Docket No. 18989-006.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application No. <i>(U.S.S.N.)</i>	Filing Date <i>(dd/mm/yy)</i>	Status <i>(Patented, Pending, Abandoned)</i>
60/162,313	10/28/99	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney or Agent	Registration No.	Attorney or Agent	Registration No.
Kevin Ainsworth	39,586	Kristin E. Konzak	44,848
Ingrid Beattie	42,306	Cynthia Kozakiewicz	42,764
Naomi Biswas	38,384	Barry Marenberg	40,715
David F. Crosby	36,400	William Marino	44,219
James G. Cullem	43,569	A. Jason Mirabito	28,161
Brett N. Dorny	35,860	Michel Morency	Limited Recognition
Marianne Downing	42,870	Bradley Olson	40,750
Ivor R. Elrifi	39,529	Carol H. Peters	45,010
Heidi A. Erlacher	45,409	Michael Renaud	44,299
Christina Gadiano	37,628	Brian Rosenbloom	41,276
John A. Harre	37,345	Thomas M. Sullivan	39,392
Shane Hunter	41,858	Howard Susser	33,556
David E. Johnson	41,874	Shelby J. Walker	45,192
Kris Kalidindi	41,461	Martin M. Zoltick	35,745
Christina Karnakis	45,899		
Robert Klauzinski	42,742		

Address all telephone calls to Ivor R. Elrifi at telephone number 617/348-1747.
Address all correspondence to:

Ivor R. Elrifi, Ph.D.
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
One Financial Center
Boston, Massachusetts 02111

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

Inventor's Signature


Date

Full Name of Inventor: Harold A. Chapman

Citizenship: United States

Residence:

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0111/Room L1312, Medicine Center, San Francisco, CA 94143



Inventor's Signature

1-31-01

Date

Full Name of Inventor: Guo-Ping Shi

Citizenship: *P. R. China*

Residence: *U.S.A. (164 Woodbridge Circle, San Mateo, CA 94403)*

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0911/Room 203, Medicine Center, San Francisco, CA 94143

Inventor's Signature

Date

Full Name of Inventor: Peter Libby

Citizenship: United States

Residence: 111 Perkins Street, Boston, MA 02130

Post Office Address: SAME

Inventor's Signature

Date

Full Name of Inventor: Galina K. Sukhova

Citizenship: United States

Residence: 6 Dead Eye Run, Swampscott, MA 01907

Post Office Address: SAME

Inventor's Signature

Date

Full Name of Inventor: Daniel I. Simon

Citizenship: United States

Residence: 211 Dorset Road, Waban, MA 02168

Post Office Address: SAME

TRADOCS:1392134.1(T%6#01!.DOC)

Express Mail Label No.: EN011903303US

Date of Deposit: February 28, 2001

Attorney Docket No.18989-006



**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor which is claimed and for which a utility patent is sought on the invention entitled:

Methods of Treating Vascular Disease Associated With Cystatin C Deficiency

the specification of which was filed on October 26, 2000, as United States non-provisional application U.S.S.N. 09/697,613, bearing Attorney Docket No. 18989-006.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application No. <i>(U.S.S.N.)</i>	Filing Date <i>(dd/mm/yy)</i>	Status <i>(Patented, Pending, Abandoned)</i>
60/162,313	10/28/99	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney or Agent	Registration No.	Attorney or Agent	Registration No.
Kevin Ainsworth	39,586	Kristin E. Konzak	44,848
Ingrid Beattie	42,306	Cynthia Kozakiewicz	42,764
Naomi Biswas	38,384	Barry Marenberg	40,715
David F. Crosby	36,400	William Marino	44,219
James G. Cullem	43,569	A. Jason Mirabito	28,161
Brett N. Dorny	35,860	Michel Morency	Limited Recognition
Marianne Downing	42,870	Bradley Olson	40,750
Ivor R. Elrifi	39,529	Carol H. Peters	45,010
Heidi A. Erlacher	45,409	Michael Renaud	44,299
Christina Gadiano	37,628	Brian Rosenbloom	41,276
John A. Harre	37,345	Thomas M. Sullivan	39,392
Shane Hunter	41,858	Howard Susser	33,556
David E. Johnson	41,874	Shelby J. Walker	45,192
Kris Kalidindi	41,461	Martin M. Zoltick	35,745
Christina Karnakis	45,899		
Robert Klauzinski	42,742		

Address all telephone calls to Ivor R. Elrifi at telephone number 617/348-1747.
Address all correspondence to:

Ivor R. Elrifi, Ph.D.
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
One Financial Center
Boston, Massachusetts 02111

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

Inventor's Signature

Date

Full Name of Inventor: Harold A. Chapman

Citizenship: United States

Residence:

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0111/Room L1312, Medicine Center, San Francisco, CA 94143

Inventor's Signature

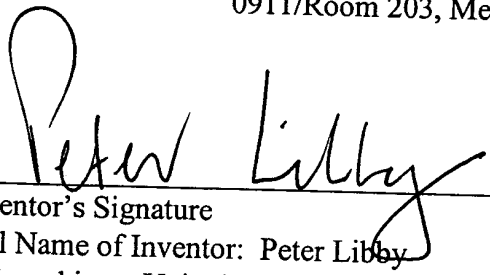
Date

Full Name of Inventor: Guo-Ping Shi

Citizenship:

Residence:

Post Office Address: University of California at San Francisco, 505 Parnassus Ave., Box
0911/Room 203, Medicine Center, San Francisco, CA 94143



Inventor's Signature

Date

Full Name of Inventor: Peter Libby

Citizenship: United States

Residence: 111 Perkins Street, Boston, MA 02130

Post Office Address: SAME

Inventor's Signature

Date

Full Name of Inventor: Galina K. Sukhova

Citizenship: United States

Residence: 6 Dead Eye Run, Swampscott, MA 01907

Post Office Address: SAME

Inventor's Signature

Date

Full Name of Inventor: Daniel I. Simon

Citizenship: United States

Residence: 211 Dorset Road, Waban, MA 02168

Post Office Address: SAME

TRADOCS:1392134.1(T%6#01!.DOC)